

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE			
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
101		1					51		1			
2		1					52		1			
3		1					53		1			
4		1					54		1			
5		2					55		1			
6		2					56		1			
7		2					57		1			
8		2					58		1			
9		2					59		1			
10		2					60		1			
11		2					61		1			
12		2					62		1			
13		2					63		1			
14		2					64		1			
15		2					65	1				
16		1					66		1			
17		1					67		1			
18		1					68		1			
19		1					69		1			
20		1					70		1			
21		2					71		1			
22		2					72		1			
23		2					73		5			
24		2					74		5			
25		1					75		5			
26		1					76		1			
27		1					77	1				
28		1					78		1			
29		1					79		2			
30		1					80		2			
31		1					81		2			
32		1					82		2			
33		1					83		2			
34		1					84		2			
35	1						85		1			
36		1					86		1			
37		1					87	1				
38		1					88		1			
39		1					89		1			
40		1					90	1				
41		1					91		1			
42		1					92	1				
43		1					93		1			
44		1					94		2			
45		1					95		2			
46		1					96		2			
47		1					97		2			
48		1					98		2			
49		1					99		2			
50		1					100		2			
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓		↓	
TOTAL DEP.		↓		↓		↓	TOTAL DEP.		↓		↓	
TOTAL CLAIMS							TOTAL CLAIMS					

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							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
201		2					51						
2		2					52						
3		2					53						
4		2					54						
5		2					55						
6		2					56						
7		2					57						
8		2					58						
9		2					59						
10		2					60						
11		2					61						
12		2					62						
13		2					63						
14		2					64						
15		2					65						
16		2					66						
17		2					67						
18		2					68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	9						TOTAL IND.						
TOTAL DEP.	272						TOTAL DEP.						
TOTAL CLAIMS	281						TOTAL CLAIMS						

155
102
15
27

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80		2				
31							81		2				
32							82		2				
33							83		2				
34							84		2				
35							85		1				
36							86		①				
37							87	1					
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95		①				
46							96		1				
47							97		1				
48							98		1				
49							99		1				
50							100		1				
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

CLAIMS													
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	+					201							
2						202							
3						203							
4						204							
5						205							
6						206							
7						207							
8						208							
9						209							
10						210							
11						211							
12						212							
13						213							
14						214							
15						215							
16						216							
17						217							
18						218							
19						69							
20						70							
21						71							
22						72							
23						73							
24						74							
25						75							
26						76							
27						77							
28						78							
29						79							
30						80							
31						81							
32						82							
33						83							
34						84							
35						85							
36						86							
37						87							
38						88							
39						89							
40						90							
41						91							
42						92							
43						93							
44						94							
45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.						TOTAL IND.							
TOTAL DEP.						TOTAL DEP.							
TOTAL CLAIMS						TOTAL CLAIMS							